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Bib Data Sheet

CONFIRMATION NO. 5554

SERIAL NUMBER 10/659,354	FILING OR 371(c) DATE 09/11/2003 RULE	CLASS 422	GROUP ART UNIT 1744	ATTORNEY DOCKET NO. 1023/13
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\****None***\*\* FOREIGN APPLICATIONS \*\*\*\*\****None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*****\*\* 12/05/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 9	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

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**TITLE**

Ozone plasma medical sterilization

<b>FILING FEE RECEIVED</b> 651	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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